Fill in this infor	mation to identify	y your case:			
Debtor 1	Shannon	Marie	Gingrich		
	First Name	Middle Name	Last Name	Che	eck if this is:
Debtor 2				M	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	<u>v</u>	7th amended ming
United States Bank	kruptcy Court for the:	MIDDLE DIST. O	F PENNSYLVANIA	ㅁ	A supplement showing postpetition chapter 13 income as of the following date:
Case number	1:19-bk-04480				chapter to income as of the following date.
(if known)					MM / DD / YYYY
Official Form 1	061				

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

. Fill in your employment information.		Debtor 1		Debtor 2 or non-filing	ı spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	☐ Employed ☑ Not employed Disabled		✓ Employed☐ Not employedSoldier	
Include part-time, seasonal, or self-employed work.	Employer's name			Air Force	
Occupation may include student or homemaker, if it applies.	Employer's address	Number Street		Number Street	
		City	State Zip Code	City	State Zip Code
	How long employed the	nere?			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Deptor 1	non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$0.00	\$5,274.99
3.	Estimate and list monthly overtime pay.	3. 🖡	+\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$0.00	\$5,274.99

Official Form 106l Schedule I: Your Income page 1
Case 1:19-bk-04480-HWV Doc 51 Filed 06/08/22 Entered 06/08/22 15:26:05 Desc
Main Document Page 1 of 6

		F	or Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here	→ 4.	\$0.00	\$5,274.99	-
5.	List all payroll deductions:		Ψ0.00	Ψο,Σ1 4.00	
J.	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$511.03	
	5b. Mandatory contributions for retirement plans	5a. 5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$33.97	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5u. 5e.	\$0.00	\$56.99	
		5e. 5f.	\$0.00	\$0.00	
	5f. Domestic support obligations 5g. Union dues		\$0.00	\$0.00	
	5h. Other deductions.	5g.	Ψ0.00	Ψ0.00	
	Specify: See continuation sheet	5h. +	\$0.00	\$957.30	
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	- 6.	\$0.00	<u>\$1,559.29</u>	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4	1. 7.	\$0.00	\$3,715.70	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$1,729.30	\$0.00	
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify: Children's disability	8f.	\$864.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income.				
	Specify: See continuation sheet	8h. +	<u>\$1,101.17</u>	<u>\$0.00</u>	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h	n. 9.	\$3,694.47	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,694.47	+ \$3,715.70	\$7,410.17
11.	State all other regular contributions to the expenses that you list in Include contributions from an unmarried partner, members of your hous friends or relatives.	Schedule ehold, you	. J. ir dependents, you	ir roommates, and othe	er
	Do not include any amounts already included in lines 2-10 or amounts the	hat are no	t available to pay e	expenses listed in Sch	edule J.
	Specify:			11. •	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 1 income. Write that amount on the Summary of Your Assets and Liabiliti if it applies.				\$7,410.17 Combined monthly income
13.	Do you expect an increase or decrease within the year after you file	e this form	1?		•
	□ No. Spouse scheduled to Discharge 02/2020.				
	✓ Yes. Explain:				

Desc

5h.	Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
	SGLI		\$25.00
	SGLI Fam/Sp		\$4.50
	Debt		\$927.80
		Totals: \$0.00	\$957.30
8h.	Other Monthly Income (details)	For Debtor 1	For Debtor 2 or non-filing spouse
011.	Long Term Disability	\$100.00	
	1/12 Income tax refund	\$1,001.17	
		Totals: \$1,101.17	\$0.00

Fill in this in	nformation to iden	tify your case:			Chec	k if this is:		
Debtor 1	Shannon First Name	Marie Middle Name	Ging Last Na		_ 💆	An amended	•	
Dobtor 2	riist Name	Middle Name	Last No	anie		A supplement chapter 13 ex	-	
Debtor 2 (Spouse, if fili	ng) First Name	Middle Name	Last Na	ame	I .	following date		
United States	Bankruptcy Court for th	e: MIDDLE DIST.	OF PENNS	SYLVANIA	_ .	MM / DD / Y	ΥΥ	
Case number (if known)	1:19-bk-0448	0						
Official Forr	m 106.J							
	l: Your Expens	es						12/1
orrect informat	and accurate as possi ion. If more space is number (if known). Ar	needed, attach anoth	er sheet to		-		-	
Part 1: Do	escribe Your Hous	sehold						
. Is this a joir	nt case?							
Yes. D	=	separate household?		s for Separate Hou	usehold of	Debtor 2.		
Do you have	e dependents?	•		Dependent's re Debtor 1 or Deb		to Depo	endent's	Does depender live with you?
Debtor 2.		for each dependent	I	Husband		42		□ No
Do not state names.	the dependents'			Son		15		- ☑ Yes □ No - ☑ Yes
				Son		9		□ No □ Yes □ No
								Yes No Yes
expenses o	penses include f people other than d your dependents?	✓ No ☐ Yes						
Part 2:	stimate Your Ongo	oing Monthly Exp	enses					
o report expens	xpenses as of your ba ses as of a date after the in the applicable date.	ne bankruptcy is filed	-	_	-		-	
	es paid for with non-ca and have included it				of	<u>Yo</u>	ur expens	ses
	or home ownership ex mortgage payments an	•				4.		\$1,400.00
If not includ	led in line 4:							
4a. Real es	state taxes					4a.		
4b. Propert	ty, homeowner's, or rent	er's insurance				4b.	-	
4c. Home r	maintenance, repair, an	d upkeep expenses				4c.		\$100.00
4d. Homeo	wner's association or co	ondominium dues				4d.		

	Your expense	nses
5. Additional mortgage payments for your residence, such as home equity loans	 5.	
. Utilities:	o	
6a. Electricity, heat, natural gas	6 a.	\$95.00
6b. Water, sewer, garbage collection	6b.	\$22.00
Telephone, cell phone, Internet, satellite, and cable services	6c.	\$172.00
6d. Other. Specify: Cell	6d.	\$310.00
Food and housekeeping supplies	7.	\$650.00
Childcare and children's education costs	8.	
. Clothing, laundry, and dry cleaning	9.	\$150.00
0. Personal care products and services	10.	\$50.00
1. Medical and dental expenses	11.	\$100.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$160.00
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
4. Charitable contributions and religious donations	14.	
5. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	
15b. Health insurance	15b	
15c. Vehicle insurance	15c	\$150.00
15d. Other insurance. Specify:	15d.	
6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
7. Installment or lease payments:		
17a. Car payments for Vehicle 1 2015 Dodge Dart through Plan	17a.	
17b. Car payments for Vehicle 2 2015 Dodge Journey through Plan	17b.	
17c. Other. Specify: Windows	17c	\$411.00
17d. Other. Specify: Solar Panels / Social Security not devoted to plan	17d	\$2,248.17
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
Other payments you make to support others who do not live with you. Specify:	19.	

Debtor 1		Shannon Marie Gingrich	Case number (if known)	1:19-bk-04480	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c		
	20d.	Maintenance, repair, and upkeep expenses	20d	_	
	20e.	Homeowner's association or condominium dues	20e.		
21.	Other	r. Specify:	21. +	_	
22.	Calcu	alate your monthly expenses.	_		
	22a.	Add lines 4 through 21.	22a	\$6,118.17	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$6,118.17	
23.	Calcu	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$7,410.17	
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$6,118.17	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$1,292.00	
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?		
		xample, do you expect to finish paying for your car loan within the year or do you e ent to increase or decrease because of a modification to the terms of your mortgage			
	1	No			
		Yes. Explain here: None.			